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## 1.0 General Report Overview

*Effective April 1, 2015, Executive Order 2015-4 created the Department of Health and Human Services (DHHS). The Executive Order also abolished the Michigan Department of Community Health (MDCH) and the Michigan Department of Human Services (MDHS). Except as otherwise provided in Section XIII of the Executive Order, after the effective date of the Order, statutory and legal references to the MDHS, the MDCH of all predecessor departments, are deemed references to the DHHS.*


*The fiscal year 2015 contract was executed between MDCH and the PIHP/CMHSPs. As such, the financial planning, reporting and settlement forms and instructions will reference MDCH. Reference to DHHS will begin with the fiscal year 2016 reporting.*

The Financial Status Report (FSR) – Healthy Michigan is utilized by the Community Mental Health Service Program (CMHSP), that is a Prepaid Inpatient Health Plan (PIHP), or the Regional Authority that holds the Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program Contract (Medicaid Contract) with the Michigan Department of Community Health (MDCH) to report all activity associated to the Healthy Michigan Plan. The FSR – Healthy Michigan summarizes the revenues and expenditures related to the provision of services to consumers who have obtained Medicaid eligibility based on the eligibility requirements for enrollment in the Healthy Michigan Plan. The FSR – Healthy Michigan will identify whether there is a net surplus or deficit prior to any redirection of funding. The FSR – Healthy Michigan will also identify any funding redirected to provide supplement to other programs for services to Medicaid consumers or redirected to address a deficit in funding.

The FSR – Healthy Michigan will be utilized by the MDCH as a tool to monitor the fiscal operations of the PIHP/CMHSP. In addition, this report in conjunction with the FSR-Medicaid will provide the basis for the annual contract reconciliation and cash settlement of the Medicaid Contract.

The PIHP/CMHSP shall comply with Generally Accepted Accounting Principles, along with any other federal and state regulations as defined in the Medicaid Contract. With the exception of the GF Contract - Special Fund Account – Section 226(a) of the Mental Health Code (MHC), all revenue and expenditures are required to be reported on an accrual basis of accounting. As such, the revenue and expenditure amounts reported must include all earned reimbursements and/or obligations regardless of whether they have been billed or collected. Additionally, any adjustments for uncollectible amounts or write-offs should be included. The FSR – Healthy Michigan must reconcile to the PIHP/CMHSP's general ledger.

The PIHPs with affiliate CMHSPs and/or contracts with CAs for the provision of the Medicaid benefit will report summary level revenue and expenditure information in separate columns for each contract. The amounts reported by the PIHP on the FSR – Healthy Michigan and FSR – Medicaid should reconcile to the FSR – All Non-Medicaid – Section I – PIHP to

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Affiliate Medicaid Services Contracts for each affiliate CMHSP. The MDCH may request, for select PIHPs, the reporting of prime sub-contractors in the separate columns.

The PIHP/CMHSP must certify the accuracy and completeness of the FSR – Healthy Michigan and identify a contact person, phone number and email address that questions regarding the submission should be directed to. Please refer to the Electronic Report Submission Guidance and Report Certification Form.

## 2.0 Report - Due Dates

Refer to the reporting grid incorporated in Attachment P.7.7.1.1 of the Contract for identification of report due dates. The reporting grid can be found on the MDCH website: [http://www.michigan.gov/mdch/0,4612,7-132-2941\\_38765---,00.htm](http://www.michigan.gov/mdch/0,4612,7-132-2941_38765---,00.htm)

## 3.0 Report Submission

### 3.1 Report Submitted via US Mail

This is no longer applicable. Electronic report submission required.

### 3.2 Report Submission – Electronic

The report should be submitted electronically to the department by the due date identified in 2.0 above at [MDCH-MHSA-Contracts-MGMT@michigan.gov](mailto:MDCH-MHSA-Contracts-MGMT@michigan.gov).

The report's file name must identify the reporting fiscal year, period covered (submission type), agency name, report title and date of submission. Example: For the FY 15 Year End Interim submitted from network180 for the Medicaid FSR, the file name should read **FY15 Year End Interim network180 FSR Bundle 11-10-2015**.


Note: The FSR– Healthy Michigan is included in the FSR Bundle. It is not a stand-alone report.

Refer to the Electronic Report Submission Guidelines for report submission specifications.

## 4.0 Report Specific Navigation or Terminology

Within this document the terms used in these instructions shall be construed and interpreted as defined below:

**Medicaid Contract:** The Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program Contract with selected PIHPs to manage the Concurrent 1915(b)/(c) and the Healthy Michigan Plan Programs in a designated service area and to provide a comprehensive array of specialty mental health and substance abuse services and supports.

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GF Contract: MDCH/CMHSP Managed Mental Health Supports and Services Contract.

PIHP: A CMHSP or Regional Authority that holds the Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program Contract with MDCH and acts as the Prepaid Inpatient Health Plan.

CMHSP: Community Mental Health Services Program that holds the GF Contract with MDCH

Regional Authority: An entity, jointly governed by the sponsoring CMHSPs, that has met the MDCH requirements for selection to be certified to the Center for Medicare and Medicaid Services as a PIHP.

Medicaid Consumer: A Medicaid beneficiary who requires the Medicaid services included under the 1915(b) Specialty Services Waiver; who is enrolled in the 1915(c) Habilitation Supports Waiver; or who is eligible for the Healthy Michigan Plan.

HICA: Health Insurance Claims Assessment Act. Public Act 142 of 2011 created the Health Insurance Claims Assessment Act. The legislation mandates that effective January 1, 2012, certain third party administrators, carriers and self-insured entities are required to pay an assessment on certain paid health care claims.

Healthy Michigan Plan: The Healthy Michigan Plan is a new category of eligibility authorized under the Patient Protection and Affordable Care Act and Michigan Public Act 107 of 2013 that began April 1, 2014.

The Financial Status Report – Healthy Michigan includes cell shading to assist the end user with completion of the form.

Report headers are shaded in light green.


Cells requiring data entry are shaded in yellow.

Cells that are formula driven and should not have data entered are shaded peach or light turquoise. The cells shaded in light turquoise represent sub-totals or totals.

Select cells have conditional formatting applied so that if an erroneous entry is made the cell will turn orange.

Worksheet protection has been enabled.

Precision as displayed functionality has been enabled. As such, Excel will utilize the displayed value instead of the stored value when it recalculates formulas.

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The term “Submission Type” on the worksheet refers to the reporting period, i.e. Projection, Interim, Final.

The following numbering / sequencing have been utilized in the FSR Medicaid:

1	Row for entry of the name of the PIHP, CMHSP or CA for each column
100	Title row for revenue
101-189	Detail rows for reporting revenue. May include sub-totals.
190	Total row for revenue
200	Title row for expenditures
201-289	Detail rows for reporting expenditures. May include sub-totals.
290	Total row for expenditures
295	Sub-total row identifying net surplus (deficit) prior to any redirection
300	Title row for redirection of funds (TO) and FROM
301-389	Detail rows for reporting redirection. May include sub-totals.
390	Total row for redirection of funds (TO) and FROM
400	Total row identifying the remaining balance. The balance is calculated by taking into consideration available revenue less expenditures and adjusting for any redirections (TO) or FROM. This row will indicate whether there is a remaining balance impacts fund balance, savings or lapse.


The FSR Healthy Michigan – Column A through I

Column A is to be used by the reporting PIHP for the revenues, expenditures incurred by the PIHP. Additionally, the PIHP will use Column A to report all redirection of funds.

Column B through H – Page 1: Column B through H will be used by the PIHP to report summary level information of their contracts with affiliate CMHSPs and/ CAs for the provision of the Healthy Michigan benefits. The amounts reported by the PIHP should reconcile to the revenues, expenditures, redirection of funds, sub-totals and totals for the affiliate CMHSPs or CAs.

Column I: Column I is formula driven and represents the total of revenues, expenditures and redirections entered in Columns A through H – Page 1 and Columns J through R – Page 2.

Column J through R – Page 2: With the formation of Regional Authorities the number of affiliate CMHSPs and/or contracts with CAs has increased. To facilitate reporting, a second page has been added to the FSR – Healthy Michigan. Columns J through R, found on the second page of the FSR – Healthy Michigan, will be used by the PIHP to report summary level information of their contracts with affiliate CMHSPs and/ CAs for the provision of the -Healthy Michigan benefits. The amounts reported by the PIHP

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should reconcile to the revenues, expenditures, redirection of funds, sub-totals and totals of the affiliate CMHSPs or CAs.

The FSR – Healthy Michigan – Row Layout: For the most part, all rows contain an alpha reference, a numeric reference, a description, and then the amount associated to the listed elements. The alpha reference refers to the Section of the FSR (Healthy Michigan). The number reference refers to the character of the line (revenue, expenditures, etc). The description could be a label (revenue, expenditure, etc) or a more detailed description of the item. The redirection rows include at the end of the description a reference to the partner row.

For example – AI 301 (TO) CHMSP to CMHSP Earned Contracts – J 304.1, the “AI” refers to Healthy Michigan, the 301 indicates that this row represents a redirection to another row, the “(TO) CMHSP to CMHSP Earned Contracts” describes that Healthy Michigan funds are being redirected to CMHSP to CMHSP Earned Contracts, the “J 304.1” indicates that the partner row (FROM row) is in Section J – CMHSP to CMHSP Earned Contracts, row 304.1 on the FSR – All Non-Medicaid.

REDIRECTS – (TO) FROM – Each PIHP/CMHSP is expected to maintain a balanced budget. However, it is acknowledged that funding and expenditures, by category may not always be equal. The “Redirected Funds (To) From” section will be the mechanism in which the PIHP/CMHSP will identify how any funding surplus or deficit was resolved. The “redirects” will identify how surplus funds are used by other programs or how deficits were covered by other funding sources. In either case, the funding source must be a legitimate source of funding for the program the funding is being redirected to cover.

The redirection of GF to Healthy Michigan requires prior approval of the MDCH.


Every “TO” redirection will have an off-setting “FROM” transaction. The converse is also true, for every “FROM” redirection there will be a “TO” transaction. The “TO” and “From” amounts will be equal; thus all redirections will sum to zero. Following is an example:

AI 333 (FROM) Risk Corridor – PIHP Share – N 301.1    \$100,000

This line is within the FSR – Healthy Michigan and indicates that \$100,000 is being transferred “FROM” the FSR – All Non-Medicaid – Risk Corridor Section to fund the PIHP share of a funding deficit.

N 301.1 (TO) Healthy Michigan – PIHP Share – AI 333    (\$100,000)

This line is within the FSR – All Non-Medicaid – Risk Corridor Section and indicates that \$100,000 is being redirected “(TO)” the FSR – Healthy Michigan to fund the PIHP share of a funding deficit.

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Redirection amounts are entered in the FROM redirects and automatically linked to the TO redirects as the opposite or converse amount.

## 5.0 Instructions for Completion of the Report

The PIHP name, Fiscal Year, Submission Type and Submission Date have been brought forward from the FSR-Medicaid.

### Row 1 – PIHP OR CMHSP OR CA

The name of the Regional Authority / Reporting Board (column A) and the name of any affiliate CMHSP or CA (columns B through J) will auto populate based on what was entered on the FSR - Medicaid. As previously mentioned, the MDCH may request, for select PIHPs, the reporting of prime sub-contractors.

### Row AI – HEALTHY MICHIGAN SERVICES – PIHP USE ONLY

This row is the label HEALTHY MICHIGAN SERVICES – PIHP ONLY. The rows immediately following will represent the revenues, expenditures and redirection of funding related to the provision of the Medicaid-Healthy Michigan Plan benefit.

### Row AI-100 – REVENUE

This row is the label REVENUE. The rows immediately following will represent the revenues available to fund current year expenditures.

### Row AI101 – HEALTHY MICHIGAN PLAN

This row represents the amount of funding authorization associated to the Healthy Michigan Plan capitated payments inclusive of any open accruals. The cell is formula driven. The formula is *plus Medicaid Contract Settlement Worksheet – Total Revenue – Current Year Settlement (1.h) – Column: HMP*.

### Row AI-115 -HEALTHY MICHIGAN MANAGED CARE - AFFILIATE CONTRACTS – COLUMN A

This cell is formula driven and will offset the revenue distributed to each of the affiliates recognized in columns B through H – Page 1 and columns J through R – Page 2. The formula is *less the amounts reported in Columns B through H – Page 1 and columns J through R – Page 2*.


### Row AI-115 –HEALTHY MICHIGAN MANAGED CARE – AFFILIATE CONTRACTS – COLUMN B THROUGH H – PAGE 1 AND COLUMN J THROUGH R – PAGE 2

Enter the amount of funding distributed to each of the affiliate CMHSPs or CAs of the PIHP.

### Row AI-120 - SUBTOTAL - CURRENT PERIOD HEALTHY MICHIGAN SERVICES REVENUE

These cells represent the total of the Healthy Michigan capitated payments and/or distribution of revenue to the affiliate CMHSPs or CAs. The cells are formula driven. The formula is *the sum of Healthy Michigan Plan (AI 101) and Healthy Michigan Managed Care – Affiliate Contracts (AI 115)*.



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**Row AI-121 - 1ST & 3RD PARTY COLLECTIONS - HMP CONSUMERS REPORTING BOARD**

*NOTE: At implementation of the Healthy Michigan Plan, the proposed Healthy Michigan consumer co-pays were not intended to be collected by the providers of the Mental Health and Substance Abuse services. Additionally, it was not anticipated that these consumers would have other forms of 1<sup>st</sup> & 3<sup>rd</sup> party revenues. These rows are being included to address any eligibility and / or implementation issues.*

The PIHP/CMHSP is the payer of last resort and has the responsibility to identify and seek recovery from all other parties for services provided to recipients. Enter, in Column A, the funding available to the Reporting Board from 1<sup>st</sup> and 3<sup>rd</sup> party collections (consumer fee payments, insurances and Medicare) that are not included in the Special Fund Account authorized in Section 226a (PA423) of the Mental Health Code (MHC). The amount entered in this cell is for 1<sup>st</sup> and 3<sup>rd</sup> party collections associated to the cost of a person's 100% funded daily care or services.

**Row AI-122 - 1ST & 3RD PARTY COLLECTIONS - HMP CONSUMERS – AFFILIATE**

*NOTE: At implementation of the Healthy Michigan Plan, the proposed Healthy Michigan consumer co-pays were not intended to be collected by the providers of the Mental Health and Substance Abuse services. Additionally, it was not anticipated that these consumers would have other forms of 1<sup>st</sup> & 3<sup>rd</sup> party revenues. These rows are being included to address any eligibility and / or implementation issues.*

The PIHP/CMHSP is the payer of last resort and has the responsibility to identify and seek recovery from all other parties for services provided to recipients. Enter, in columns B through H- Page 1 and columns J through R – Page 2, the funding available to the affiliate CMHSP or CA from 1<sup>st</sup> and 3<sup>rd</sup> party collections (consumer fee payments, insurances and Medicare) that are not included in the Special Fund Account authorized in Section 226a (PA423) of the Mental Health Code (MHC). The amount entered in this cell is for 1<sup>st</sup> and 3<sup>rd</sup> party collections associated to the cost of a person's 100% funded daily care or services.


Note: The amounts reported for affiliate 1<sup>st</sup> and 3<sup>rd</sup> party are for reporting purposes only and will not be included in the general ledger of the PIHP/CMHSP. These amounts will not be taken into consideration of the contract reconciliation and cash settlement.

**Row AI-123 - PRIOR YEAR HEALTHY MICHIGAN PLAN SAVINGS (FUNDING CURRENT YEAR EXPENSES)**

Enter, in Column A, the amount of earned Healthy Michigan savings from the prior fiscal year (FY) that is being utilized to fund current year expenditures.

**Row AI-124 - ISF ABATEMENT- HEALTHY MICHIGAN PLAN (HMP)**

Enter, in Column A, the amount of Internal Service Fund (ISF) - Abatement that is being utilized to fund current year expenditures due to over funding of the ISF.

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**Row AI-140 - SUBTOTAL - OTHER HEALTHY MICHIGAN REVENUE**

These cells represent the total Other Healthy Michigan Revenue available to fund current year expenditures. This cell is formula driven. The formula is the *sum of 1<sup>st</sup> & 3<sup>rd</sup> Party Collections – HMP Consumers – Reporting Board (AI 121), 1<sup>st</sup> & 3<sup>rd</sup> Party Collections – HMP Consumers – Affiliate (AI 122), Prior Year Healthy Michigan Plan Savings (Funding Current Year Expenses) (AI 123) and ISF Abatement HMP (AI 124).*

**Row AI-190 - TOTAL REVENUE**

These cells represent the total Healthy Michigan Plan services revenue available to fund current year expenditures. These cells are formula driven. The formula is the *sum of Subtotal – Current Period Healthy Michigan Services Revenue (AI 120) and Subtotal – Other Healthy Michigan Revenue (AI 140).*

**Row AI-200 – EXPENDITURE**

This row is the label EXPENDITURE. The rows immediately following will represent the expenditures for providing the covered services described in the Mental Health/Substance Abuse Chapter of the Michigan Medicaid Provider Manual as well as the additional Substance Use Disorder services and supports described in the Medicaid Provider Manual for consumers who are eligible for the Healthy Michigan Plan..

**Row AI-201 - PIHP HICA / USE TAX – HEALTHY MICHIGAN PLAN (HMP)**

Enter the amount of accrued expenditures associated to the Healthy Michigan HICA / Use Tax.

**Row AI-202 – HEALTHY MICHIGAN PLAN SERVICES**

Enter, in Column A, the amount of expenditures related to the provision of services for consumers eligible through the Healthy Michigan Plan as authorized in the Medicaid Contract.

**Row AI-203 - PAYMENT INTO HEALTHY MICHIGAN PLAN ISF**


Enter the amount of expenditures related to the contribution (deposit) into the Healthy Michigan Plan ISF. All deposits into the ISF must meet the criteria established in the ISF Technical Requirement of the Medicaid Contract.

*NOTE: At implementation, FY 14, MDCH is not requiring establishment of a separate ISF for Healthy Michigan. However, CMS is requiring that MDCH be able to track and report savings, lapse and ISF for HMP separate from Medicaid. Various reports have been modified to accommodate the reporting.*

**Row AI-290 - TOTAL EXPENDITURE**

These cells represent the total Healthy Michigan Services expenditures prior to any redirects. These cells are formula driven. The formula is the *sum of, PIHP HICA / USE Tax – Healthy Michigan Plan (AI 201), Healthy Michigan Plan Services (AI 202), and Payments into Healthy Michigan Plan ISF (AI 203).*



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**Row AI-295 - Subtotal Net HEALTHY MICHIGAN SERVICES SURPLUS (DEFICIT)**

These cells represent the net Healthy Michigan surplus or deficit before any redirection of funds. These cells are formula driven. The formula is *Total Revenue (AI 190) less Total Expenditure (AI 290)*.

**Row AI-300 - REDIRECTED FUNDS (TO) FROM**

This row is the label Redirected Funds (TO) FROM. The rows immediately following will identify how surplus funds were used by other funding programs or how deficits were covered by other funding sources. In either case, the funding source must be a legitimate source of funding for the program the funding is being redirected to cover.

**Row AI-301 - (TO) CMHSP TO CMHSP EARNED CONTRACTS - J304.1**

This cell represents the amount of Healthy Michigan funds that are being redirected to cover the cost of services provided to Healthy Michigan beneficiaries above the earned CMHSP to CMHSP Earned Contract revenue. The cell is formula driven. The formula is *less FSR – All Non-Medicaid – Section J – CMHSP to CMHSP Earned Contracts – FROM Healthy Michigan Services (J 304.1)*.

**Row AI-302 - FROM CMHSP TO CMHSP EARNED CONTRACTS - J301.1** (explain - section AJ).

Enter, in Column A, the amount of any surplus in CMHSP to CMHSP Earned Contracts related to the provision of services to Healthy Michigan beneficiaries being redirected to Healthy Michigan. A brief explanation should be included in Section AJ identifying the rationale of this transaction.

**Row AI-303 - FROM NON-MDCH EARNED CONTRACTS - K301.1** (explain - section AJ)

Enter, in Column A, the amount of any surplus Non-MDCH Earned Contract funding associated to the provision of services to Healthy Michigan beneficiaries being redirected to Healthy Michigan. A brief explanation should be included in section AJ identifying the rationale of this transaction.

**Row AI-310 - FROM MEDICAID - A301. a**


Enter, in Column A, the amount of any Medicaid funding associated to the provision of services to Healthy Michigan beneficiaries being redirected to Healthy Michigan.

*NOTE: The funding priority, for federal funding, established for FY 14 relative to Healthy Michigan and Medicaid funds are indicated below:*

*If a shortfall in Healthy Michigan exists, current year Medicaid funding should be utilized first, if a shortfall still exists then the Medicaid ISF.*

**Row AI-325 – INFO ONLY – AFFILIATE TOTAL REDIRECTED FUNDS – I390**

This data is being collected for informational purposes only and will assist in identifying the overall funding associated to the cost of providing services to Healthy Michigan consumers for Healthy Michigan covered benefits. Enter the amount of redirected funds, at the affiliate level, being utilized to fund all or a portion of the net Healthy Michigan Services deficit.

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**Row AI-330 - SUBTOTAL REDIRECTED FUNDS – ROWS 301 – 325**

This cell represents the subtotal of redirected funds to or from the FSR – All Non-Medicaid and the FSR – Medicaid to Healthy Michigan Services prior to any redirections for an overall funding deficit. The cell is formula driven. The formula is the *sum of (TO) CMHSP to CMHSP Earned Contracts (AI 301), FROM CMHSP to CMHSP Earned Contracts (AI 302), FROM Non-MDCH Earned Contracts (AI 303), FROM Medicaid (AI 310), and Info Only – Affiliate Total Redirected Funds (AI 325).*

**Row AI-331 - FROM GENERAL FUND - REDIRECTED TO UNFUNDED HEALTHY MICHIGAN COSTS - B301.1**

Enter, in Column A, the amount of redirected general funds (GF) being utilized to fund all or a portion of the net Healthy Michigan Services deficit. This amount must have prior approval from the MDCH as part of the PIHP's risk management plan.

**Row AI-332 - FROM LOCAL FUNDS - M301.1**

Enter, in Column A, the amount of Local funds being utilized to fund all or a portion of the net Healthy Michigan Services deficit.

**Row AI-333 - FROM RISK CORRIDOR - PIHP SHARE - N301.1**

Enter, in Column A, the amount of Stop/Loss Insurance and/or ISF funds being utilized to fund all or a portion of the net Healthy Michigan Services deficit.

**Row AI-334 - FROM RISK CORRIDOR - MDCH SHARE - N302.1**


Enter the amount of MDCH funds being utilized to fund the MDCH share of the net Healthy Michigan Services deficit.

**Row AI-335 - FROM PA 2 LOCAL FUND BALANCE – PA2 1.D**

Enter, in Column A, the amount of PA 2 funds being utilized to fund all or a portion of the net Healthy Michigan Services deficit.

**Row AI-390 - TOTAL REDIRECTED FUNDS**

These cells represent the total of redirected funds associated to Healthy Michigan Services. These cells are formula driven. The formula is the *sum of Subtotal Redirected Funds (AI 330), FROM General Fund – Redirected to Unfunded Healthy Michigan Costs (AI 331), FROM Local Funds (AI 332), FROM Risk Corridor – PIHP Share (AI 333), FROM Risk Corridor – MDCH Share (AI 334), and FROM PA 2 Local Fund Balance (AI 335).*

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**Row AI-400 - BALANCE HEALTHY MICHIGAN PLAN SERVICES**

These cells represent the net Healthy Michigan surplus or deficit after redirection of funds. There should never be a deficit, as the PIHP identifies how the deficit was resolved utilizing the redirect section of the FSR. Any amounts greater than zero (surplus) reflected in this cell (column A) will represent unspent Healthy Michigan funding. The Contract Reconciliation and Cash Settlement process will determine whether any unspent Healthy Michigan funding will be earned Healthy Michigan Savings or lapsed to MDCH. These cells are formula driven. The formula is *Subtotal Net Healthy Michigan Services Surplus (Deficit) (AI 295) plus Total Redirected Funds (AI 390)*.

*NOTE: Column A – Reporting Board and Column I – PIHP Total are the only rows that should have amounts greater than zero. All other columns should equal zero.*

**ROW AJ – REMARKS**

This section has been provided for the PIHP to provide narrative descriptions as necessary. If this space is insufficient, please utilize the “Additional Narrative” tab within the FSR Bundle.